

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002661

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** LES CHATEAUX CONDOMINIUM ASSOCIATION AT PELICAN MARSH, INC.

**Current Principal Place of Business:**

C/O COMPASS GROUP  
3701 TAMiami TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COMPASS GROUP  
3701 TAMiami TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0598438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROETZEL & ANDRESS, LPA  
850 PARK SHORE DRIVE  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: CHAPMAN, LOIS  
Address: 1830 LE CHATEAUX BLVD #201  
City-St-Zip: NAPLES, FL 34109

Title: P  
Name: MICHEL, GREG  
Address: 1820 LES CHATEAUX BLVD., #201  
City-St-Zip: NAPLES, FL 34109

Title: T  
Name: PEROD, NICHOLAS  
Address: 1840 LES CHATEAUX BLVD., #104  
City-St-Zip: NAPLES, FL 34109

Title: S  
Name: SCOGGINS, KEITH  
Address: 1855 LES CHATEAUX BLVD. #203  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: JONES, WAYNE  
Address: 1845 LES CHATEAUX BLVD #201  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK HUMPHREY

CFO

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date